



Notification of Non-Friable Asbestos Abatement Project

(Contractor Form)

ASBESTOS SECTION - 2600 BULL STREET - COLUMBIA - SC - 29201
PHONE (803) 898-4289 - FAX (803) 898-4281

Office Use Only: Project License No. Issued: _____

Date Issued: _____

I. *Circle One:* Original Notification/Revision (Project License No.): _____

/Cancellation (Project License No.): _____

II. FACILITY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

III. REMOVAL CONTRACTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

DHEC CONTRACTOR LICENSE NO. (If applicable): _____ EXPIRATION DATE: _____

IV. FACILITY NAME: _____

STREET ADDRESS: (physical location preferred) _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

V. ASBESTOS-CONTAINING MATERIALS (ACM) **TO BE REMOVED ONLY:**

TYPE (FLOORING, ROOFING, OTHER)	AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET)	CONDITION OF THE MATERIAL

VI. SCHEDULED DATES OF REMOVAL: START DATE: _____ COMPLETION DATE: _____

WORK DAYS: _____ WORK HOURS: _____

VII. DESCRIPTION OF PLANNED ABATEMENT WORK & METHOD(S) TO BE USED:

VIII. WASTE DISPOSAL SITE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

IX. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

X. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

(DATE)

For additional information concerning regulatory requirements call or visit our web site at http://www.state.sc.us/dhec/asb_home.htm